# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For Single-Measure Committees (SMC)

· · · · · · · · · · · · · · · · · · ·	
1. DATE OF REPORT 1/26/2015	2. NAMEOFCOMMITTEE FACT for 1
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)	
ADDRESS AND PHONE     Street or Rural Route	Zip Code Phone 37064 (615) 591-2090
4. MEASURES SUPPORTED OR OPPOSED  Amondment 1. Newamber 2014	
Amendment 1, November 2014  5.A. NAME OF POLITICAL TREASURER	5.B, DATE APPOINTED
David Fowler	09/23/14
6. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD FOURTH PRE- QUARTER QUARTER QUARTER PRIMARY GENERAL	MID-YEAR YEAR-END SUPPLEMENTAL SUPPLEMENTAL
7.A.BEGINNING DATE OF REPORTING PERIOD	7.B. ENDING DATE OF REPORTING PERIOD  1/15/15
10/26/14 8. (Check one)	1710/10
A. This committee is exempt from detailed disclosures because contributions (including expenditures total \$1,000 or less for this reporting period. I do solemnly swear or aff true and that the committee has complied with all applicable provisions of the Campa 10f must also be completed.)  B. This committee is required to file a detailed financial disclosure because contributions \$1,000 and/or expenditures total more than \$1,000 for this reporting period. I do sole in this statement is true and that the following page(s) are a complete and accurate a required to be reported by political campaign committees by the Campaign Financial	ifirm that the information contained in this statement is aign Financial Disclosure Act. (Items 10d., 10e. and is (including in-kind) received total more than lemnly swear or affirm that the information contained accounting of all contributions and expenditures I Disclosure Act.
signature of political treat	surer date
9. WITNESS SIGNATURE  Signature of witness	1/21/15 date
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$960.00
b. TOTAL RECEIPTS THIS PERIOD	\$6600 .00
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 7560.00
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$0
e. TOTAL LOANS OUTSTANDING	\$0
f. TOTAL OBLIGATIONS OUTSTANDING	\$0
2015 JAN 29 AN 10: 26	



#### **SUMMARY PAGE - SMC**

11. NAME OF COMMITTEE (In Full)		12. REPORT COVE	RING THE PERIOD
FACT for 1		FROM: 10/26/14	то: 1/15/15
DECEIDTS		FROM: 10/20/14	10. 1/13/13
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this peri	od)	. \$100.00	
b. Itemized Contributions (over \$100 from each source this period)		\$ 6500.00	-
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a.			
14. LOANS RECEIVED THIS REPORTING PERIOD			\$0
15. INTEREST RECEIVED THIS REPORTING PERIOD			\$0
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10	D.b.)		6600.00
DISBURSEMENTS			
17. EXPENDITURES (other than loan payments)			
a. Unitemized Expenditures (\$100 or less each payee this period) (must gasoline)	t be listed by	category - e.g., printing	g, postage,
Postage	\$_18.17		
Printing Printing	\$ 45.12	<u>0</u>	
Food for Reception	\$ _5.65		
Communications Services	\$_46.89		
	\$		
	\$		
Total of Expenditures (\$100 or less each payee)		\$ 115.83	
b. Itemized Expenditures (Over \$100 each payee this period)			="
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and			
18. LOAN REPAYMENTS MADE THIS PERIOD			
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item			
20.IN-KIND CONTRIBUTIONS			
a. Unitemized in-kind contributions (\$100 or less from each source this	period)	. \$\$22.67	
b. Itemized in-kind contributions (over \$100 from each source this period	(b	\$ \$682.30	= 1
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20	).a. and 20.b.)		\$704.97
21.LOANS			
LOANS OUTSTANDING (must be shown in item 10.e.)	***************************************		\$0
22.OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each)		\$0	==
b. Itemized Obligations Outstanding (Over \$100 each)		\$0	=9
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be	e shown i item	10.f.)	\$0



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE FACT for 1	(See A	ttached Excel Spreadsheet)		RING THE PERIOD
			FROM: 10/26/14	TO: 1/15/15
			,	Amount
		ONS FROM PRECEDING PAGE (enter \$0 if first itemized page)		\$0
	-	HITEMIZED CONTRIBUTION (contributions totaling more than \$100 for	om any contributor du	
irst Name	M.L.	_astName/OrganizationName		Amount of Contribution
Address				
Zity	State TN	Zip Code		
	D(D(O TTV	<u> </u>		
Occupation	1/			
Employer				
-irst Name	MI	Last Name/Omanization Name	·	Amount of Contribution
Address				
City	State TN	Zin Corle		
City	TIN TIN	aspt ASOM		
Docupation				
Employer				
	144	Assett Samuel Organization Mana		Amount of Gordelian
t ddroon		- 1 - 1 - 1		
Address				
City	State	ZipCode		
<del>Decupation</del>				
Employo				
WorHomo	<b>Y</b>	<del>-past Warner Brigan had ber Warne</del>		Arrisont of Soriefbullan
Address				+
City	State	Zip.Code		1
Secupation				+
-mployer				Ī
wokWarra.	Wit.	Loot Harner Organization Home		Present of Continuous
Address		2000 0 C 1000 0 C 100		
Address	•			1
City	State.	Zip.Code.		
2				
<del>Dooupation</del>		,		
-mployer				-
5.TOTAL ITEMIZED CONTRIBUTIONS				\$0
600 00 4444 (F		- L	3 of 9	DDA 4450
SS-1141 (Rev. 2/06)		Page_	01	RDA 1159

#### ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE: FACT FOR 1

3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION

2. REPORT COVERING PERIOD FROM: 10/26/14 TO: 1/15/15 AMOUNT: \$0

First Nam	e M.I.	. Last Name/ Organization Name	Address	City	State	Zip Code Occupation	Employer	mount of ntribution
		Family Action Council of TN	1113 Murfreesboro Rd. 106-167	Franklin	TN	37064 N/A	N/A	\$ 4,000.00
		Family Action Council of TN	1114 Murfreesboro Rd. 106-167	Franklin	TN	37065 N/A	N/A	\$ 2,000.00
Hoyt	0	Samples	130 Jordan Dr	Chattanooga	TN	37421 Attorney	Samples, Jennings, Ray, and Clem	\$ 250.00
Mitzi	Р	Samples	130 Jordan Dr	Chattanooga	TN	37421 Attorney	Samples, Jennings, Ray, and Clem	\$ 250.00

\$ 6,500.00 5. TOTAL ITEMIZED CONTRIBUTIONS

Page	of	

#### ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE FACT for	1 (Se	e attached Excel spr	readsheet)	RING THE PERIOD	
	,	•	,	FROM: 10/26/14	TO: 1/15/15
3. TOTAL ITEMIZED EXPENDITURES F	ROM PF	RECEDING PAGE (ente	r \$0 if first itemized page)		Amount \$0
			DITURE (any expenditures totaling more than \$	100 to a sigle payee du	ring the period,
must be itemized.)					
FirstName	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address				1	
, was see					
City	State	Zip Code			
FirstName	Middle Nai	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
FirstName	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
LastName/Business Name					
Address					
City	State	Zip Code			
FirstName	Middle Nai	me	Purpose of Expenditure		Amount of Expenditure
LastName/BusinessName					
Address					
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES					
(Carry forward to item 3. of next page if ac					\$0

#### **ITEMIZED STATEMENT OF EXPENDITURES - SMC**

1. NAME OF COMMITTEE: FACT for 1

3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE

2. REPORT COVERING PERIOD FROM: 10/26/14 TO: 1/15/15 AMOUNT: \$0

First Name	Last Name/ Organization Name	Address	City	State	Zip Code Purpose of Expenditu		ount of enditure
	Family Action for 1 Family Action for 1 Family Action for 1 Family Action for 1 Family Action Council of TN	1113 Murfreesboro Rd STE 106-167 1114 Murfreesboro Rd STE 106-167 1115 Murfreesboro Rd STE 106-167 1116 Murfreesboro Rd STE 106-167 1117 Murfreesboro Rd STE 106-167	Franklin Franklin Franklin Franklin Franklin	TN TN TN TN	37064 Grant 37065 Grant 37066 Grant 37067 Grant 37068 Grant	\$ \$ \$ \$ \$	500.00 552.94 4,000.00 2,000.00 391.23
5. TOTAL ITE	MIZED CONTRIBUTIONS					\$	7,444.17

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### ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE FACT for	or 1			2. REPORT COVER	
				FROM: 10/26/14	TO: 1/15/14 Amount
3. TOTAL ITEMIZED IN-KIND CONTRIBUT	TIONS FROM PF	RECEDING PAGE (	enter \$0 if first itemized page)		\$0
4. COMPLETE THE APPROPRIATE ITEM	S FOR EACH IT	EMIZED IN-KIND C	ONTRIBUTION (in-kind contributions	totaling more than \$100 from any	contributor during the period)
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name The Family Action of Tennessee, In	IC.		Professional services expenses	\$682.30	
Address 1113 Murfreesboro Rd., Ste. 106-16	7				
City Franklin	Stale TN	Zip Code 37064			
Occupation					
Employer					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code			
Occupation					
Employer					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name					
Address					
City					
,	State	Zip Code			
Occupation	State	Zip Code			
	State	Zip Code			
Occupation	State  Middle Name	Zip Code	Description of In-Kind Contribution		Value of In-Kind Contribution
Occupation  Employer		Zip Code	Description of In-Kind Contribution		Value of In-Kind Contribution
Occupation  Employer  First Name		Zip Code	Description of In-Kind Contribution		Value of In-Kind Contribution
Occupation  Employer  First Name  Last Name/Organization Name		Zip Code	Description of In-Kind Contribution		Value of In-Kind Contribution
Occupation  Employer  First Name  Last Name/Organization Name  Address	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Occupation  Employer  First Name  Last Name/Organization Name  Address  City	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Occupation  Employer  First Name  Last Name/Organization Name  Address  City  Occupation	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Occupation  Employer  First Name  Last Name/Organization Name  Address  City  Occupation  Employer	Middle Name  State  IBUTIONS age if additional p	Zip Code	ised.)		Value of In-Kind Contribution

#### ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE FACT for	1				2. REPORT COV	ERING THE PERIOD
					FROM: 10/26/14	TO: 1/15/15
COMPLETE THE APPROPRIATE ITEMS     LOAN (foans totaling more than \$100 owed to     the reporting period)			Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	me			**************************************	
LastName/BusinessName						
Address						
City	State	ZipCode	Date of Loan			
First Name	Middle Na	me				
LastName/BusinessName			i l			
Address			1			
City	State	ZipCode	Date of Loan			
			Date of Lean			
					y-	
First Name	Middle Nar	me				
Lookhama (Dispinana Nama						
LastName/BusinessName						
Address						
Address						
City	State	ZipCode	Date of Loan		l	
Ony	Cidio	Zipoodo	Date of Loan			
Fig. Mary	Middle Na				W	
First Name	Middle Na	Пе				
LastName/BusinessName						
Lastranopasinostrano						
Address			-			
City	Stale	ZipCode	Data of Las-		L	
1		,	Date of Loan			
First Name	Middle Na	me				
LastName/BusinessName						
			ļ			
Address						
Oth.	01-1-	ZinCodo				
City	State	ZipCode	Date of Loan			
4. TOTALS	A)		ere se e e e e		¥	
(Total from "Outstanding Balance - (End of Period	d)" column	must also be shown				\$0
in item 21 on summary page.)						1 7 0

#### ITEMIZED STATEMENT OF OBLIGATIONS - SMC

			· · · · · · · · · · · · · · · · · · ·			
1. NAME OF COMMITTEE FACT for	1				2. REPORT COVE	
					FROM: 10/26/14	TO: 1/15/15
3. COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more than \$\frac{9}{2}\$ the end of the reporting period)	FOR EAC 3100 owe	CH ITEMIZED d to any person/vendor at	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	ame				
	L					
LastName/BusinessName						
Address						
City	State Zip Code					
Description of Obligation					1,:	
FirstName	Middle Na	ame	,			
Lackborn (Dunis and Name						
LastName/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame				
T II STIVALITO	Wilddio	ano				
LastName/BusinessName						
Address						
City	Slale	Zip Code				
Description of Obligation	l		L			
2000 piloto o 21 galloti						
First Name	Middle Na	mo.				
Filstrianie	MindialAg					
LastName/BusinessName						
Address						
City	State	Zip Code				
Oly	Otato	219 0000				
Description of Obligation		L	1		tu-	1
First Name	Middle Na	ime				
LastName/BusinessName						
Address			-			
Address						
City	State	Zip Code				
Description of Obligation		1				
4. TOTALS					** **Loc* _ != ==15	
(Total from "Outstanding Balance - (End of Period)" of	olumn mus	st also be shown				\$0
in ilem 22 h on summary page.)					1	70